

Total

Claims Indep.

Claims

*27

*4

Attorney's Docket No.: 042390P4500						<u>Patent</u>		
In re the Application of:G	oldschmidt Iki, et al	·						
Application No.: 08/939,1	85		(inventor(s	s)) —				
Filed: September 29, 199)7			P	-		/ pao pa	
For: Graphics User Interface with Multimedia Identifiers					H	RECEIVED		
		(title)	•					
COMMISSIONER FOR PATENTS						FEB 1 7 2004		
P.O. Box 1450 Alexandria, Virginia 22313-1450					Tec	Technology Center 2100		
SIR: Transmitted herewith in Applicant claims in No additional fee	mall entity status. S			ced application	on.		_	
The fee has been calculated	as shown below:							
(Col. 1)	(Col. 2) (C	ol. 3)	. 3) SMALL ENTITY			OTHER THAN A SMALL ENTITY		
Claims Remaining After Amd.	Highest No. Previously Pr	esent Extra	Rate	Additional Fee	Rate	Additional Fee		

\$

\$

\$

X9

X43

+145

Total

Add. Fee

\$

\$

\$0.00

X18

X86 | \$

+290

Total

Add. Fee

* If the entry in Col. 1 is less than the entry In Col. 2, write "0" in Col. 3.

Minus

Minus

First Presentation of Multiple

Dependent Claim(s)

**27

***4

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

FIRST CLASS CERTIFICATE OF MAILING

0

0

I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Commissioner for Patents. Alexandria, VA 22313

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